

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12	1						
13		1					
14							
15	2						
16	1						
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TOTAL IND.	2						
TOTAL DEP.		15					
TOTAL CLAIMS	17						

	IND	DEP	IND	DEP	IND
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					